

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
06/543331

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/		1			
3		1				
4		2				
5	/	2				
6	/		1			
7	/		1			
8	/		1			
9		1		1		
10		4		3		
11	/					
12	/					
13	/					
14		2				
15	/					
16	/					
17	/					
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19				3		
20				3		
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TOTAL IND.	9		4			
TOTAL DEP.	14	↔	13	↔		
TOTAL CLAIMS	23		17			

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.		↔		↔		↔
TOTAL CLAIMS						